Interview with Dr. George Lucas, orthopedic surgeon on the staff of Naval Hospital Memphis, Vietnam era. Conducted by Jan K. Herman, Historian of the Navy Medical Department, Bureau of Medicine and Surgery, 30 September 2005.

Where are you from, Dr. Lucas?
Southeastern Ohio.

Did you decide early in your life that you wanted to be a physician?
No. I came from a poor family and worked in a factory for a year near Cleveland to save up a little money to go to college. When I got to college I didn't quite know what I wanted to do. From talking to people, I thought premed wouldn't be a bad thing. I was pretty good in science in high school and always had an interest in people so I thought medicine might be an opportunity to combine those two things. So that's what I did. I started out in a premed track and did well with that and was accepted into medical school.

Where did you go to medical school?
George Washington.

Right here in Washington.
Yes.

Had you decided on specializing in orthopedics right away?
No. I decided fairly early that I wanted to do surgery and couldn't quite decide whether I wanted to do plastic surgery or orthopedics. Even when I went to do my internship, I still hadn't decided. But after a month on plastic surgery and taking care of people with burns, I thought that this might not be for me. So then I pursued the orthopedic track.

How did the Navy connection start?
I graduated medical school in '61 and then did my training and finished in June of '66. During that time, I had had an opportunity to sign up for the Berry Plan but declined to do that. I thought I'd just take my chances. I had been called to take a couple of physical exams over the last few years of my residency.

I had been out in practice almost a year and got called to take a physical. So I went to Milwaukee and took the physical. They told me to tidy up my affairs because I was scheduled to be in Memphis in a couple of weeks. I was drafted and allocated to the Navy.

So that meant the Naval Hospital in Memphis.
Yes, the Naval Hospital in Millington. When I arrived there with 1 year's practice under my belt, I was immediately named the chief of orthopedics. The guy who preceded me was regular Navy and he had been sent to Vietnam.

That was quite and advancement in your responsibility.
To some degree it was.
Was there a specific aspect of orthopedics that you liked above all others?
A lot of it did develop during the 2 years I spent in Memphis. I developed an interest in hand surgery and that's basically what I've done ever since. Part of that was fostered by the

patients who showed up there. I also had an opportunity to work with the people at the Campbell Clinic at the time. They were very good to me. They gave me a cadaver to dissect when I was studying for my boards. And I went to their conferences. I would go down and scrub with Dr. Milford, who was the hand surgeon.

I got a lot of experience in hand surgery and peripheral nerve injuries and things of that sort when I was in the service. When I came to civilian practice, I sort of gravitated to that. As matter of fact, that's why I moved to Wichita because it gave me an opportunity to do hand surgery exclusively.

While you were at Millington, I would guess the majority of your orthopedic patients were sailors and Marines coming back from Vietnam.

We got airevac patients practically every day.

And I would guess they were in every stage of injury.

Exactly.

What did you mostly see? I would guess they were mostly extremity injuries.

The most common thing was a compound leg fracture mostly from mines. But there were an awful lot of upper extremity injuries–gunshot wounds and so on that would knock out the medial or radial nerve.

We actually had two major wards before I made a third ward, which was an ambulatory ward. It consisted almost exclusively of patients who had hand injuries. One of the other two was for open wounds and the other was for closed wounds. We did a lot of skin grafting and secondary wound closures and just cleaning up infected wounds.

Did you have ample opportunity to do reconstructive kinds of work?

Not a great deal. If something looked like it was going to take many, many months, those people would be boarded out and sent to a Veterans Hospital. But I did a fair bit of reconstructive upper extremity things that might be solved in a few months such as stabilization of hand fractures.

How was the hospital set up as far as the number of orthopedic surgeons you had on hand?

The only one who was fully trained was myself. I usually had three other people with me. These were guys who were just out of medical school and might have had a year of internship and that was about it. So the three or four of us would run the service.

Did you find that the hospital, at this point, was mostly manned by reservists because the regulars had gone to Vietnam?

Yes. They'd gone off to Vietnam. If it weren't for the 2-year reservists, the place couldn't have functioned at all.

Do you remember Bill Henry's case?

Yes. To some degree.

From you physician's point of view, what was the issue with him?

He had a severe foot injury and actually lost a part of his foot, which was going to be a problem in terms of walking, running, and so forth. So that was something that was rather devastating to him. There's one interesting sidelight to this. I came from Wisconsin. I had trained there and stayed in Madison and was practicing there when I got drafted. Shortly after I got there, there were three or four newly minted nurses who had just finished nursing school. The Navy had sponsored their education so they owed the Navy a few years. So they showed up and because they were from Wisconsin, I got to know them rather well. Henry ended up falling in love with one of these girls and married her. They were married while he was still in our custody and I went to their wedding. It was a Catholic wedding and they had to kneel at the altar. So when they finally stood up and marched out of the church after the wedding he was limping. I said, "Gee, Bill, you're going to ruin my reputation by limping in front of all these people."

He was probably lucky to be able to limp.
Absolutely.

Did you do reconstruction on his foot?
I think we did some skin grafts, stabilized his fractures, and I can't remember what else we did beyond that. But he lost part of his foot.

But he achieved a great deal of mobility because of your work.
Yes.

Did he have repeated surgeries?
I think he had three or four procedures.

Are there any other cases you remember from that period?
I mentioned this other fellow who came to see me a few years ago. I had a little folder of stuff he brought to me. His name is Rick Johnson. He was a kid from Dallas. He had a compound fracture of the femur–a gunshot wound. In the Civil War if you got a minie ball through your leg and it was an open fracture of the femur, you died. It was almost a certainty. But by the time three or four other wars had rolled around, the treatment got better and you didn't die from that but you might end up losing your leg.

Johnson had been advised by two or three people along the way that he should probably have an amputation. But I thought we could salvage the leg. In the end that's what we did. We salvaged his leg and he had some episodes of chronic osteomyelitis in his femur but he's been able to manage it and lead a product life.

Do you recall how you treated that fracture?
We treated him mostly by traction. That was the mode of the day. Then we attended to his wounds, of course–cleaned them and tried to eradicate the infection. Nowadays, if you have a fractured femur you get an intermedulary rod the day the accident happened. Our residents do so many intermedulary rodding of femurs they get sick of it.

Does that prevent the onset of osteomyelitis?
The rodding?

Yes.

No. It doesn't. But I think the reason osteomyelitis develops is because you have an open wound and fracture fragments that are moving around. There are two or three factors that play into this, one of which is economic. People can't stay in the hospital for 2 or 3 months in traction. Secondly, we now see from automobile accidents and so on a lot of polytrauma–fractures all over the place. We salvage people now who have tremendous injuries that when I was in training would have died and we never would have even had a chance to stabilize their femur. By stabilizing the fractures you prevent a lot of problems–respiratory problems with patients being in bed. You prevent fat embolism syndrome and a whole host of things. The modern way is to jump on people and put everything together as quickly as we possibly can on the day of injury. But that wasn't the fashion during the Vietnam era.

So you've seen a lot of advances since then.

Oh, absolutely. In fact, I tell the residents that they should pay attention to the principles and quick worrying about the little gadgets that come along. They get enamored of the various types of nails, pins, and plates and are seduced by the instrument salesmen. I tell them, "Look, you better learn the principles of orthopedics, surgery, and medicine because when you get to my age, you won't be doing any of these things you're doing as a resident." None of the things we currently do were done when I was a resident. For example, intermedulary nailing of fractures, plating of fractures. Arthroscopy was not known when I was a resident. Microsurgery was not known. Fancy front and back spinal fusions were not done nor were total joints done. Now the total hip and total knee are the commonest of procedures. When I was a resident, we did neither. So I've had to learn a whole new system of things.

Well, you certainly didn't see any of these things during the Vietnam era.

Oh, no.

When did you leave the Navy?

I was in from 1967 until 1969.

And you went into practice after that?

I was already in a three-man orthopedic practice. So I came back to the same practice.

It's been 30 some odd years since the Vietnam era. Do you think about that time at Millington much anymore?

Every now and then. I will think of somebody who was there. And, as I've said, I've had a couple of calls from patients. And I see a few of the doctors I worked with. In fact, one of them called me about something totally unrelated maybe a month ago. Yes. I think about that. Every now and then going somewhere I'll fly through Memphis and I look down and see if I can spot the old hospital from the air.

Dr. Lucas, thank you for sharing those memories with me.

You're welcome.

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